U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CARE	FULLY BEFORE PREPARING THIS REPORT.
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MS URS	
File Number U - 180 27	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
Name and address of person filing.	4. Name, file number, and address of labor organization.
lame Domevick MACCHEA	Name Intervational Browner House of Electrical
	Labor Organization File Number
O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any
treet 12 Elmwood Laws	Street 900 SEVENTH STREET, NW
Sity Syceset	City WASH 229400
State NY: ZIP Code + 4 117 91	State DC ZIP Code +4 30061
Position in labor organization.	hazarini manadani ma
Enter appropriate data below if, during the past fiscal year, you or your s (except as specified in the ex	spouse or minor child directly or indirectly had any of the following interests sclusions set forth in the instructions):
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Name of Person Filing Domzozck Macchia	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent, or idirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name :	35 to Decommend
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
granding at the contract with the process of the process of the contract of th	
City	12.a. Nature of interest held or income received.
City State ZIP Code + 4	12.a. Nature of interest held or income received.
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State ZIP Code + 4	12.b. Amount. If parts A and B above) or other thing of value. 14.a. Nature of payment.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. or parts A and B above) or other thing of value.
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